Colorado Children's Health Insurance Status

This document describes the methods used by the Colorado Health Institute (CHI) to develop estimates of health insurance coverage of Colorado's children and working age adults, which were reported in the series of fact sheets and data supplements entitled *Colorado Children's Health Insurance Status: 2012 Update* and *Colorado Adults' Health Insurance Status: 2012 Update*. The updates and one-page fact sheets are available for download at www.coloradohealthinstitute.org.

These methods were updated on March 26, 2012. Information on updated assumptions and methods is noted below.

Uninsured estimates

The U.S. Census Bureau's 2010 American Community Survey (ACS) was the data source used for this analysis. The ACS is an annual stratified random sample survey of approximately 50,000 individuals from 22,000 Colorado households. The data have been weighted to represent the state population as well as geographic sub-regions within Colorado. CHI applied a method developed by the University of Missouri to apportion the ACS regions and yield county-level estimates. The estimates do not exclude uninsured adults with a disability who may be eligible for the Medicaid buy-in provisions of HB09-1293, the Colorado Health Care Affordability Act.

An adult was counted as uninsured if he or she reported no type of health insurance when the ACS questionnaire was administered. Likewise, a child was counted as uninsured if his or her parent reported that the child did not have any form of health insurance when the ACS questionnaire was administered. The insurance expansion estimates provided in the fact sheets and data supplements represent the number of currently uninsured children and adults who became (or will become) eligible for Medicaid as a result of HB09-1293. The estimates do not summarize those individuals who will actually enroll. In addition, both HB09-1293 and the Patient Protection and Affordable Care Act (ACA) are expected to be implemented over a multi-year period that began in 2010. The estimates have not been adjusted for population growth over the period of implementation.

Income and poverty status

In calculating the ratio of annual family income to federal poverty guidelines, CHI developed a method that identifies and calculates nuclear family income within households in which multiple related families reside. This approach more closely approximates Medicaid eligibility determination guidelines. These analyses are limited to Coloradans for whom ACS income data were collected; income and poverty data are not available for foster children and individuals living in prisons, nursing homes, mental hospitals, college dormitories or military quarters.

Similarly, the estimates of children (EBNE) in the Child Health Plan Plus (CHP+) displayed in the children's fact sheet and Tables 3-4 of the data supplement were calculated using 205 percent of the FPL as the upper limit for CHP+ eligibility. This was done because the data, which are from 2010 (the latest year for which data are available), may partially predate the May 1, 2010, expansion of CHP+ to 250 percent of FPL that occurred when HB09-1293 was passed. Under the previous eligibility guidelines, children in families with incomes higher than the Medicaid limits but at or below 205 percent of FPL were considered eligible for CHP+. In 2010, 205 percent of FPL for a family of four was $45,203. Under these eligibility guidelines, children five years old and younger with family incomes at or below 133 percent of FPL are eligible for Medicaid, whereas children ages 6 to 18 years of age are eligible if their family income is at or below 100 percent of FPL.

Medicaid and CHP+ enrollment

County and state Medicaid and CHP+ enrollment figures were provided by the Colorado Department of Health Care Policy and Financing (HCPF) Budget Division. These enrollment figures summarize the average monthly enrollment for the period January-December 2010. Because enrollment data were unavailable for a few small counties, the sum of the counties does not equal the state enrollment totals. The reported enrollment in the CHP+ program includes only children; enrollees in the CHP+ at work premium assistance program are excluded.

Citizenship and documentation status

The ACS contains variables on citizenship but not on documentation status. In July 2011, CHI updated its assumptions for estimating undocumented immigrants in Colorado. The updated assumptions are based on a Pew Hispanic Center estimate of approximately 180,000 undocumented

individuals in Colorado in 2010.[1] CHI recalculated its 2009 estimates, based on the Pew research, resulting in a revised CHI estimate of 198,130 undocumented individuals in Colorado in 2009 compared with CHI's previous (unrevised) estimate of 101,431. From the remaining group of individuals who were not U.S. citizens, but had legal documentation to reside in the United States, any individual residing in the nation for fewer than five years was removed from the analysis (per eligibility guidelines for Medicaid).

Parental status

CHI used the relevant relationship variables included on the ACS data file to identify parents (ages 19-64) of dependent children (ages 0-18). In July 2011, CHI updated the analysis to include other relatives (such as a grandparent) as "parents" if no parent was present in the household. At the same time, CHI also corrected a misclassification of some parents as childless adults in the dataset. The net effect of these changes increased the total number of individuals identified as parents of dependent children, and decreased the number of adults without dependent children. Another effect of the change was that some children were reclassified into a higher income category once their records became associated with the appropriate parents or caretakers, affecting the estimates of children eligible for Medicaid and CHP+.

Confidence intervals and small sample sizes

Whenever possible, tables in the data supplements include a column for a population estimate with an accompanying margin of error (95% confidence interval). Many counties had a small number of observations on which to calculate an estimate; therefore, CHI encourages the reader to use the estimates prudently.

For more information

CHI welcomes the opportunity to discuss any questions or to provide additional information about the methods, data sources or assumptions. Please contact Jeff Bontrager, Director of Research on Coverage and Access, at bontragerj@coloradohealthinstitute.org.

Endnotes

[1]Passel, J, and Cohn, D (2011). Unauthorized Immigrant Population: National and State Trends, 2010. Available from the Pew Hispanic Center at http://pewhispanic.org/files/reports/94.pdf.